

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/551699

FILING DATE

30 SEP 2005

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1		/					51					
2				/			52						
3				/			53						
4			/				54						
5				/			55						
6			/				56						
7				/			57						
8				/			58						
9			/				59						
10			/				60						
11				/			61						
12				/			62						
13				/			63						
14				/			64						
15			/				65						
16			/				66						
17				/			67						
18				/			68						
19			/				69						
20				/			70						
21				/			71						
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23				/			73						
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25			/				75						
26				/			76						
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39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			↓	//	↓		TOTAL IND.			↓			
TOTAL DEP.			←	19	←	←	TOTAL DEP.			↓			←
TOTAL CLAIMS				30			TOTAL CLAIMS						